

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**

SERIAL NO.

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT										
	IND	DEP	IND	DEP	IND	DEP		IND	DEP	IND	DEP	IND	DEP	IND	DEP
1	1						51								
2		1					52								
3		1					53								
4		1					54								
5		1					55								
6		1					56								
7		1					57								
8		1					58								
9		1					59								
10	1						60								
11		1					61								
12		2					62								
13		1					63								
14		2					64								
15		2					65								
16		1					66								
17		2					67								
18		1					68								
19		1					69								
20		2					70								
21		1					71								
22		0					72								
23		0					73								
24		0					74								
25		2					75								
26		0					76								
27		0					77								
28		0					78								
29		0					79								
30							80								
31							81								
32							82								
33							83								
34							84								
35							85								
36							86								
37							87								
38							88								
39							89								
40							90								
41							91								
42							92								
43							93								
44							94								
45							95								
46							96								
47							97								
48							98								
49							99								
50							100								
TOTAL IND.	2						TOTAL IND.								
TOTAL DEP.	33						TOTAL DEP.								
TOTAL CLAIMS	35						TOTAL CLAIMS								